

## PURPOSE

Section 712 of the Michigan Mental Health Code states that the responsible mental health agency (RMHA) for each individual shall ensure that a person-centered planning process is used to develop a written Individualized Plan of Services (IPOS) in partnership with the individual.

The purpose of this policy is to assure quality and consistency across Michigan Department of Health and Human Services (MDHHS) state operated facilities, hospitals and centers in the development and implementation of the individualized plan of services which uses the person-centered planning processes to assure that services are provided based upon the condition and needs of the individual using the least restrictive modality.

## REVISION HISTORY

This policy has not been updated since original publication effective date of May 16, 2010.

Portions previously promulgated as Subpart M of Administrative Directive 07-C-1752/AD-OO (Comprehensive Examinations); this policy/procedure rescinds and replaces.

Portions previously promulgated as Subpart L of Administrative Directive 07-C-1752/AD-OO (Services Suited to Condition in Least Restrictive Setting); this policy rescinds and replaces.

## DEFINITIONS

**CMHSP** means a community mental health services program.

**Comprehensive functional assessment** means a battery of assessments conducted by various disciplines for individuals with developmental disabilities that takes into consideration the individual's age, strengths, developmental and behavioral management needs, physical development and health, nutritional status, sensory-motor development, affective development, speech and language development, auditory functioning, cognitive development, social development and adaptive behaviors or independent living skills.

**Facilitator** means the person chosen by the individual to lead the IPOS meeting, assure that all participants are afforded the opportunity to contribute and that the meeting is conducted using

the person centered planning process. The facilitator need not be an employee of the hospital or center.

**Family member** means a parent, step-parent, spouse, sibling, child or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50 percent of his or her financial support.

**Individual** means a person who receives mental health services from a MDHHS operated hospital or center

**Individualized plan of service (IPOS)** means the fundamental document in the individual's record, developed in partnership with the individual using a person-centered planning process that establishes meaningful goals and measurable objectives. The plan must identify services, supports and treatment as desired or required by the individual.

**Legal representative** means a guardian, parent with legal custody of a minor or a patient advocate designated by the individual to make mental health treatment decisions.

**Limitation** means constraint of a right of an individual. Rights may be limited only for those reasons provided in Chapter 7 of the Michigan Mental Health Code or Part 7 of the MMDHHS Administrative Rules.

**Person-centered planning** means a process for developing treatment and supports for the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices and abilities. The person-centered planning process involves families, friends and professionals as the individual desires or requires.

**Plan coordinator** means the person who integrates, coordinates, monitors and assures implementation of each individual's IPOS. Monitoring includes ongoing review of the IPOS, recording progress and changes, and initiating modification of the IPOS as necessary.

**Reasonable** means those services and supports desired or required by the individual that are fair, proper and suitable under the circumstances and which do not require excessive or extreme use of resources.

**Responsible mental health authority (RMHA)** means the MDHHS operated hospital or center, the community mental health

services program or the licensed psychiatric hospital/unit that has primary responsibility for the individual's care or for the delivery of supports to that individual.

## **POLICY**

It is the policy of MDHHS that the IPOS for every individual receiving services at its hospitals and centers shall be developed using the person-centered planning process and shall follow these principles:

1. Each individual has strengths and the ability to express preferences and make choices.
2. A person's cultural background shall be recognized and valued in the decision-making process.
3. Treatment and supports identified through the process shall promote maximum independence, least restrictive treatment modalities, community connections and quality of life.

## **STANDARDS**

1. The individual's choices and preferences regarding the identification and delivery of services, supports and treatment to be provided shall always be considered if not always granted. These preferences shall be honored to the extent that they are:
  - a. Reasonable.
  - b. Consistent with court orders governing evaluation and treatment; for example, for persons determined to be incompetent to stand trial, the order for treatment is for the explicit purpose of rendering the individual competent to stand trial. An individual's choices and preferences shall be considered, when they are consistent with this explicit purpose).
  - c. Sensitive to the safety and security of the individual, other residents and staff.
  - d. Not contraindicated due to the clinical needs of the individual, as determined and recorded in the case record by the physician/psychiatrist.

2. For each individual, the hospital or center shall identify a plan coordinator who is responsible for implementing, integrating, coordinating and monitoring each individual's IPOS.
3. The individual receiving services from the hospital or center shall be given the opportunity to choose a facilitator who is responsible for leading the IPOS meeting and assuring it is conducted using the person-centered planning process.
4. The hospital or center shall notify the individual, his or her guardian if one has been appointed, and the parent of a minor individual, of the name and address of the plan coordinator.
5. The preliminary IPOS shall be developed within seven calendar days of the commencement of services or, if an individual is hospitalized for less than seven calendar days, before discharge or release.
6. The process of developing and implementing the plan shall include a set of specific related activities: admission assessment, pre-planning, plan development, plan review/revision and discharge or pre-release planning.
7. For purposes of continuous quality improvement, each hospital and center shall develop a mechanism for periodically obtaining input from individuals as to their satisfaction with the person-centered planning process.
8. Admission Assessment
  - a. Individuals shall be provided with only those assessments that are clinically necessary, ordered by the court or required by applicable accrediting bodies.
  - b. In a psychiatric hospital the following assessments shall be completed with the individual within 24 hours of admission:
    1. Medical.
    2. Psychiatric, including inquiry regarding any history of trauma and implications for treatment.
    3. Nursing.

- c. In a psychiatric hospital the following assessments shall be completed with the individual no later than three business days following admission:
    - 1. Social history.
    - 2. Education/school evaluation as required by law.
    - 3. Other assessments (for example, psychology, dietary, activity therapy, etc.) required as a result of a desire or need identified by the individual or as additional needs are identified through the required assessments referenced above.
  - d. All assessments will include the desired outcomes identified by the individual or an explanation of why this information could not be obtained.
  - e. In centers for persons with developmental disabilities, an initial comprehensive functional assessment shall be performed. Other assessments may be required as a result of a desire or need identified by the individual or as additional needs are identified through the initial functional assessment.
9. Pre-Planning Activity
- a. The plan coordinator, no later than two business days prior to the initial and annual IPOS development meeting, shall meet with the individual to provide an explanation of the person centered planning process and the purpose of the IPOS development meeting.
  - b. The plan coordinator shall document the pre-planning meeting using Attachment A, "Pre-Planning Worksheet for IPOS Development", and ensures its inclusion in the individual's record.
  - c. For the purpose of continuity of treatment, all reasonable attempts shall be made to obtain any IPOS developed in partnership with the individual by the responsible CMHSP or licensed hospital. The previous IPOS shall be provided to the plan coordinator in a timely manner to assure review and discussion in the IPOS Development Meeting.
10. IPOS development meeting.

- a. The following persons shall attend the IPOS Development Meeting:
  1. The individual shall be present and participate in the IPOS Development Meeting. In the event the individual refuses to be present, the refusal to participate must be documented in the record.
  2. Persons identified by the individual:
    - a) Including:
      - i) Parents and significant family members of minors unless the minor is emancipated or the parents' inability or unwillingness to participate is documented.
      - ii) Friends, spouses, family, significant others, guardian, advocates, clergy, direct care staff, etc.
    - b) Persons identified by the individual may be excluded from participation in the planning process only if inclusion of that person would constitute a substantial risk of physical or emotional harm to the individual or substantial disruption of the planning process. Justification for a person's exclusion shall be documented in the case record.
    - c) If persons identified by the individual cannot be in attendance at the IPOS Development Meeting, they will be afforded the opportunity to provide input by telephone and/or they will be invited to the next scheduled meeting.
  3. The plan coordinator.
  4. The facilitator, if one has been identified and requested by the individual.
  5. The individual may identify persons he or she does not want to participate in the IPOS development meeting. These persons will be excluded unless their presence is required by law. Persons not identified/chosen by the individual to attend may share information through the plan coordinator. The

plan coordinator shall make accommodations to honor this choice.

- b. The IPOS shall be developed using a person-centered planning process as defined in Section C. of this policy.
- c. The individualized written plan of services is the fundamental document in the individual's record. The plan shall identify, at a minimum, all of the following:
  - 1. All persons, including family members, friends, and professionals that the individual desires or requires to be part of the planning process.
  - 2. The services, supports, and treatments that the individual requested of the hospital/center.
  - 3. The services, supports, and treatments committed by the hospital/center to honor the individual's request specified in subdivision (2) preceding.
  - 4. The person or persons who will assume responsibility for assuring that the committed services and supports are delivered.
  - 5. When the individual can reasonably expect each of the committed services and supports to commence, and, in the case of recurring services or supports, how frequently, for what duration, and over what period of time.
  - 6. How the committed mental health services and supports will be coordinated with the individual's natural support systems and the services and supports provided by other public and private organizations.
  - 7. Any limitations of the individual's rights.
    - a) Any limitation must be justified, time-limited and clearly documented in the plan of service. Such limitations or any aversive or intrusive behavior treatment techniques shall be reviewed and approved by a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis. Documentation shall be

included that describes attempts that have been made to avoid such limitations as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.

- b) On an annual basis or at more frequent intervals if indicated, the treatment team will assess the appropriateness of any guardianship/alternative to guardianship that has been established for the individual. If modification or discontinuation of any guardianship/alternative to guardianship is recommended by the treatment team, the process to petition the Probate Court for guardianship modification or discontinuation will be initiated. These recommendations will be documented in the individual's record.
  - 8. Strategies for assuring that individuals have access to needed and available supports identified through a review of their needs. Areas of possible need may include, but are not limited to, any of the following:
    - a) Food.
    - b) Shelter.
    - c) Clothing.
    - d) Physical health care.
    - e) Employment.
    - f) Education.
    - g) Legal services.
    - h) Transportation.
    - i) Recreation.
    - j) Social support.
  - 9. A description of any involuntary procedures and the legal basis for performing them.
  - 10. A specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.
- d. The plan shall not contain privileged information or communications.
  - e. Except as otherwise noted in subsection g. below, the individual plan of service shall be formally agreed to in whole or



in part by the hospital/center and the individual, his or her guardian, if any, or the parent who has legal custody of a minor individual. If the appropriate signatures are unobtainable, then the hospital/center shall document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the individual, his or her guardian, if any, or the parent who has legal custody of a minor individual.

- f. Implementation of a plan without agreement of the individual, his or her guardian, if any, or parent who has legal custody of a minor individual may only occur when a individual has been adjudicated pursuant to the provisions of section 469a, 472a, 473, 515, 518, 519 or 1032 of the Michigan Mental Health Code. However, if the proposed plan in whole or in part is implemented without the concurrence of the adjudicated individual or his or her guardian, if any, then the stated objections of the individual or his or her guardian shall be included in the plan.
- g. The hospital/center shall retain all periodic reviews, modifications, and revisions of the plan in the individual's record.
- h. The individual shall have opportunities to provide ongoing feedback regarding the person-centered planning process used in the development of his/her IPOS and the delivery of treatment, services and supports provided \ pursuant to the plan.
- i. If the individual is not satisfied with his/her IPOS, the individual or his/her guardian or the parent of a minor individual, may request a review by the plan coordinator. The review shall be completed within 30 days and written documentation of the results of the review provided to the individual who requested the review.

#### 11. IPOS Review/Revision

- a. The plan shall be reviewed in accordance with the time frames which have been established in the plan and/or at the request of the individual.
- b. No later than two business days prior to the IPOS Review/Revision Meeting, the plan coordinator shall with the individual to provide an explanation of the purpose of the IPOS Review/Revision Meeting and to review and modify as

necessary any previously completed Attachment A, Pre-Planning Worksheet for IPOS Development. The plan coordinator shall document the meeting in the individual's record.

12. Discharge or Pre-Release Planning.

- a. The discharge or release plan shall be developed in accordance with Section F.3. preceding.
- b. The hospital/center shall assist and participate with the responsible CMHSP, if any, in the development of an individualized pre-release plan for appropriate community placement and a pre-release plan for aftercare services for each individual. Unless the individual is unwilling, the individual shall participate in the development of the pre-release plan.
- c. In developing a prerelease plan for a minor, the hospital/center shall include all of the following in the planning process if possible:
  1. The minor, if the minor is 14 years of age or older.
  2. The parent or guardian of the minor.
  3. Personnel from the school and other agencies.
- d. Unless covered by contractual agreement or a valid authorization to release information, disclosure of information about the individual by the hospital/center shall be made to those individuals involved in the development of the pre-release or post-release plan or current individual plan of services, but shall be limited to the following:
  1. Home address, gender, date of discharge or planned date of discharge, any transfer, and medication record.
  2. Other information necessary to determine financial and social service needs, program needs, residential needs, and medication needs.
- e. Before an individual is placed in a supervised community living arrangement or other community-based setting, the pre-release or post-release planning for the individual shall involve the following:
  1. The individual.

2. The individual's legal representative.
  3. Any family member, friend, advocate, and professional the individual chooses.
  4. The plan coordinator.
  5. A representative of the responsible CMHSP.
  6. The residential care provider, if such a provider has been selected.
  7. With the consent of the individual, the appropriate local and intermediate school systems and the Department of Human Services, if appropriate.
- f. The hospital/center shall comply with the following regarding discharge of a minor individual:
1. Upon periodic review of a hospitalized minor under MCL 330.1498 I, or at any other time, if it is determined that the minor is no longer suitable for hospitalization, the director of the hospital/center shall discharge the minor from the hospital/center.
  2. If a minor discharged under subsection (1) has been hospitalized under a court order, or if court proceedings are pending, the court shall be notified of the minor's discharge from the hospital/center.
  3. The director of a hospital/center shall notify the appropriate CMHSP executive director of the pending discharge of a minor not less than seven days before the minor is discharged.
  4. If the parent or guardian of a minor admitted to a hospital under this chapter refuses to assume custody of the minor upon discharge of the minor from the hospital/center, the hospital/center director shall file or cause to be filed a petition in the juvenile division of the probate court alleging that the minor is within the provisions of section 2(b) of chapter XIIA of Act No. 288 of the Public Acts of 1939, being section 712A.2 of the Michigan Compiled Laws, to ensure that the minor is provided with appropriate management, care, and residence. Arrangements considered suitable by the hospital/center director and agreed to by the

parent or guardian for care of the minor outside the home of the parent or guardian do not constitute refusal to assume custody of the minor.

- g. The release provisions of MCL 330.1476 to 1479 act shall apply to a person found to have committed a crime by a court or jury, but who is acquitted by reason of insanity, except that a person shall not be discharged or placed on leave without first being evaluated and recommended for discharge or leave by the department's program for forensic psychiatry, and authorized leave or absence from the hospital may be extended for a period of five years.

## **REFERENCES**

- Estates and Protected Individuals Code, MCL 700.5301-5318
- Michigan Mental Health Code, MCL 330.1712
- Michigan Mental Health Code, MCL 330.1708
- Michigan Mental Health Code, MCL 330.2032
- MMDHHS Administrative Rule 330.7003
- MMDHHS Administrative Rule 330.7009
- MMDHHS Administrative Rule 330.7199

## **CONTACT**

For additional information concerning this policy, contact the Director of the Office of Recipient Rights at (517) 373-2319.